

COMBINED DECLARATION FOR PATENT APPLICATION AND POWER OF ATTORNEY (include Reference to PCT International Applications) PCT/FR99/02984

ATTORNEY'S DOCKET NO

RN98173

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

PEROXIDE-COMPRISING POLYORGANOSILOXANES (POS), ONE OF THEIR PROCESSES OF PREPARATION AND THEIR USES, IN PARTICULAR AS BLEACHING AGENT IN DENTAL COMPOSITIONS

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· _ ·	check only one item below):		•	
is attached he	ereto.			
was filed as U	Inited States application			
Serial No.				
· on				
and was ame	nded			
on		(if applicable)		·
⊠ was filed as P	CT international application			
Number PC	Г/ FR99/02984			
	nber 1, 1999			
-	under PCT ARTICLE 19			
	(if applicable).			
OII	(ii applicable).			
hereby state that I have re by any amendment referred		contents of the above-identified	specification, includ	ding the claims, as amended
acknowledge the duty to c Code of Federal Regulation		material to the patentability of th	is application in ac	cordance with Title 37,
application(s) for patent or i the United States of Americ any PCT international appli	inventor's certificate or of any a listed below and have also cation(s) designating at least	nited States Code, §119 of any five PCT international application(so identified below any foreign application one country other than the Unit lication(s) of which priority is classes.	 designating at lea plication(s) for pate led States of Ameri 	nt or inventor's certificate or
PRIOR FOREIGN/PCT AP	PLICATION(S) AND ANY P	RIORITY CLAIMS UNDER 35 U	I.S.C. 119:	-
COUNTRY PCT indicate PCT	APPLICATION NUMBER	DATE OF FILING (day month year)	UNDER 35 USC	ORITY CLAIMED 119
FRANCE	98/15,715	9 December , 1998	⊠ YES	□NO
			☐ YES	□ NO
			☐ YES	□NO
			☐ YES	□NO
			YES	NO

C/Data/RN98173.Dec4

COMBINED DECLARATION FOR PATENT APPLICATION AND POWER OF ATTORNEY (CONTINUED) include Reference to PCT International Applications) PCT/FR99/02984

ATTORNEY'S DOCKET NO RN98173

I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) or PCT international application(s) designating the United States of America that is/are listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in that those prior application(s) in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations. §1.56(a) which occurred between the filing date of the prior application(s) and the national or PCT international filing date of this application:

PRIOR U.S. APPLICATIONS OR PCT INTERNATIONAL	APPLICATIONS DESIGNATING	THE U.S. FOR BENEFIT UNDER 35
U.S.C. 120		

U.S. APPLICATIONS			STATUS (CH		
U.S. APPLICATI NUMBER	ON	U.S. FILING DATE	PATENTED	PENDING	ABANDONED
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PCT	PCT FILING	US SERIAL NUMBERS			
	DATE	ASSIGNED (if any)			
APPLICATION NO	I DATE	ACCIONED (II ally)			
APPLICATION NO	I DATE	AGGIGITED (ii aliy)			

POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorney's and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith (List name and registration number) JOHN A. SHEDDEN - Reg. No. 25,644,

Kevin McVEIGH - Reg. No. 33017 JOHN D. WOOD - Reg. No. 31,146

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JOHN A. SHEDDEN (609) 860-4190

FAMILY NAME FIRST GIVEN SECOND GIVEN NAME FULL NAME OF INVENTOR DROMARD Adrien STATE OR FOREIGN COUNTRY COUNTRY OF CITIZENSHIP CITY RESIDENCE & LYON FRANCE **FRANCE** CITIZENSHIP POST OFFICE ADDRESS STATE & ZIP CODE/COUNTRY CITY POST OFFICE 24, rue Vendome F-69006, FRANCE LYON **ADDRESS** FAMILY NAME FIRST GIVEN SECOND GIVEN NAME 202 **FULL NAME MIGNANI** Gérard OF INVENTOR STATE OR FOREIGN COUNTRY COUNTRY OF CITIZENSHIP **RESIDENCE &** CITY LYON **FRANCE** FRANCE CITIZENSHIP STATE & ZIP CODE/COUNTRY POST OFFICE POST OFFICE ADDRESS CITY 2, Ave. des Frères Lumière LYON F-69008, FRANCE **ADDRESS** SECOND GIVEN NAME FAMILY NAME FIRST GIVEN 203 **FULL NAME GAMBUT** Lucile OF INVENTOR COUNTRY OF CITIZENSHIP STATE OR FOREIGN COUNTRY **RESIDENCE & FRANCE** LYON FRANCE **CITIZENSHIP** STATE & ZIP CODE/COUNTRY POST OFFICE ADDRESS POST OFFICE

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true: and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

LYON

SIGNATURE OF INVENTOR 201	SIGNATURE OF INVENTOR 202	SIGNATURE OF INVENTOR 203
DATE	DATE	DATE

ADDRESS

COMBINED DECLARATION FOR PATENT APPLICATION AND POWER OF ATTORNEY	,
(CONTINUED) include Reference to PCT International Applications) PCT/FR99/02984	

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PRIOR U.S. APPLICATIONS OR	PCT INTERNATIONAL	APPLICATIONS	DESIGNATING	THE U.S. FO	OR BENEFIT	UNDER 35
U.S.C. 120						

PCT APPLICATIONS DESIGNATING THE U.S. PCT PCT FILING US SERIAL NUMBERS	U.S. APPLICATIONS		CATIONS	STATUS (CH		
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PCT PCT FILING US SERIAL NUMBERS						
	PCT APPLICATIO	NS DESIGNATIN	NG THE U.S.			
ATT EIGHT TOTAL TO	PCT APPLICATION NO	PCT FILING DATE	US SERIAL NUMBERS ASSIGNED (if any)			

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FIRST GIVEN NAME SECOND GIVEN NAME FAMILY NAME FULL NAME **DALLEMER** Frédéric OF INVENTOR STATE OR FOREIGN COUNTRY COUNTRY OF CITIZENSHIP CITY **RESIDENCE &** LYON **FRANCE FRANCE CITIZENSHIP** STATE & ZIP CODE/COUNTRY POST OFFICE ADDRESS POST OFFICE CITY 7, cours Gambetta F-69003, FRANCE LYON **ADDRESS** SECOND GIVEN NAME FAMILY NAME FIRST GIVEN NAME FULL NAME OF INVENTOR STATE OR FOREIGN COUNTRY COUNTRY OF CITIZENSHIP CITY **RESIDENCE &** CITIZENSHIP STATE & ZIP CODE/COUNTRY POST OFFICE ADDRESS POST OFFICE **ADDRESS** SECOND GIVEN NAME 206 **FULL NAME FAMILY NAME** FIRST GIVEN NAME OF INVENTOR COUNTRY OF CITIZENSHIP STATE OR FOREIGN COUNTRY CITY **RESIDENCE &** CITIZENSHIP STATE & ZIP CODE/COUNTRY POST OFFICE ADDRESS CITY POST OFFICE **ADDRESS**

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true: and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

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SIGNATURE OF INVENTOR 204	SIGNATURE OF INVENTO	R 205	SIGNATURE OF INVENTOR 206
DATE	DATE		DATE

PTO 1391 (REV 10 83)

US DEPARTMENT OF COMMERCE Patent and Trademarks Office

PAGE 3 OF 3

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